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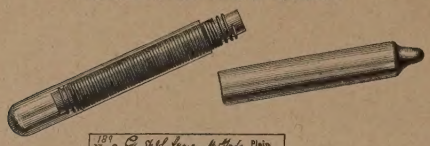

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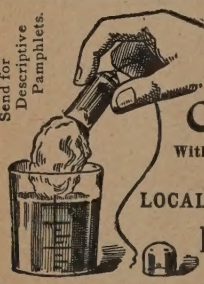

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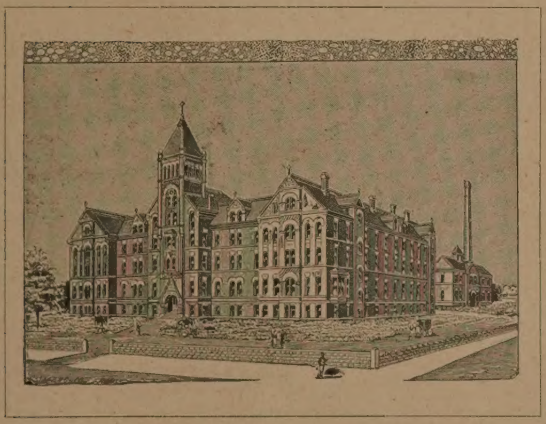

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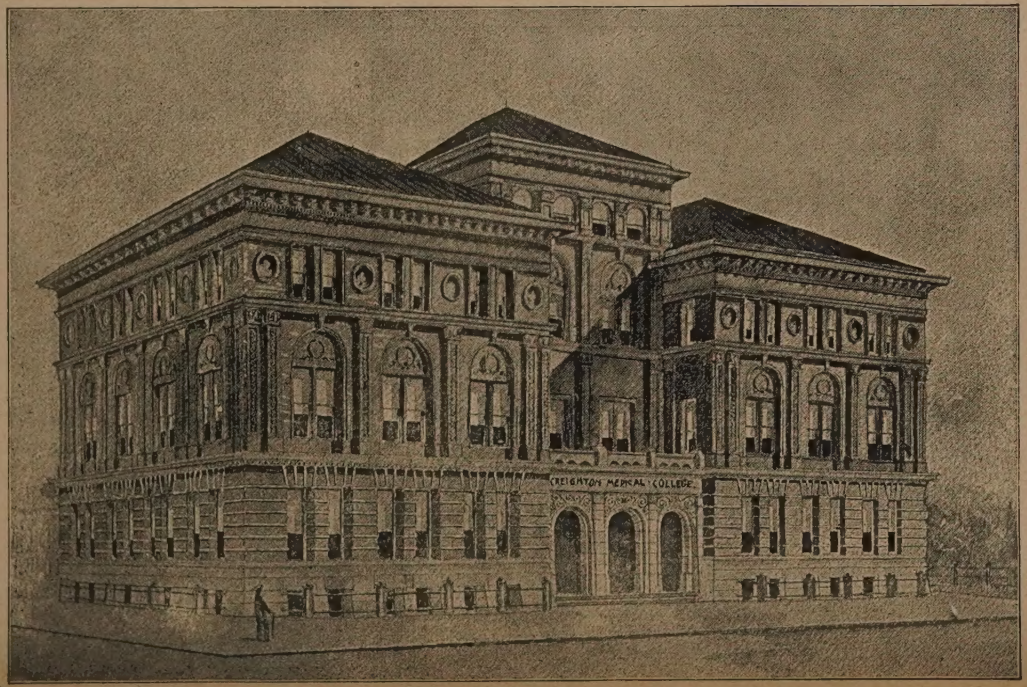

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The twenty-eighth annual session will begin September 15, 1897. The new University Hospital opens this year. For particulars address,

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IOWA CITY HOSPITAL.

Josselyn & Taylor Co., Architects, Cedar Rapids, Iowa.

A LATE number of the **Medical Record** contains an illustrated article on the abortive treatment of Typhoid as inaugurated by Dr. Woodbridge. The temperature charts of a number of cases treated in Bellevue Hospital are given, and the whole subject so completely reported that it is difficult to understand how there can be any mistake. Dr. Woodbridge has been accused of treating cases which were not typhoid, and yet reporting them as such. In these cases treated at Bellevue, however, the blood was examined by the bacteriologist of the Board of Health of New York City, and each specimen gave a positive reaction of the typhoid bacilli of Koch-Eberth. Therefore, the cases must be accepted as those of true typhoid fever. The patients had no baths, and were given only the Woodbridge treatment. In each case the disease was shortened, there was an absence of delirium, the tongue remained moist, there was a rapid disappearance of abdominal tenderness, and of tympanites and all offensive odor from the stools. — *Journal of Practical Medicine*, March, 1897, page 378.

BEWARE, HOWEVER, OF THE PREPARATIONS ON THE MARKET THAT DO NOT BEAR OUR LABEL. OURS AND ONLY OURS ARE ENDORSED BY DR. WOODBRIDGE.

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IOWA MEDICAL JOURNAL.

VOL. III. JULY, 1897. No. 7.

MEDICINE.

UNDER THE CHARGE OF
L. W. LITTIG, A. M., M. D., M. R. C. S.,
Professor Theory and Practice of Medicine, Iowa State University, Iowa City, Iowa.
AND G. A. SMITH, M. D., *Clinton, Iowa.*
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F. E. WHITLEY, M. D., *Webster City, Iowa.*
W. A. ROHLF, M. D., *Hampton, Iowa.*

THE APPLICATION OF COLD IN THE TREATMENT OF PNEUMONIA.*

By V. L. Treynor, M. D., Council Bluffs, Iowa.

PNEUMONIA is one of the common diseases. It is prevalent throughout the temperate zone, and occurs at all seasons. It is decidedly impartial in the choice of its victims, taking them from all classes of people. Its death rate is frightful, from twenty to forty per cent of all cases terminating fatally. In fact, as Osler says, "No other acute infectious disease of adults in temperate zones is so fatal."

While some difference of opinion exists relative to its etiology, most authorities are agreed that its exciting cause is a specific organism, and bacteriological investigation seems to prove the soundness of this view beyond a reasonable degree of doubt. However true this may be, we undoubtedly have other influences which predispose to it, among which are exposure to cold, ill health, over work, loss of rest, in fact any condition which impairs the vital forces may act as a predisposing influence.

Its pathology is well understood and agreed upon, and it is manifestly impossible, and in fact unnecessary, to discuss it in detail in this brief paper.

The prognosis is almost invariably grave. It is influenced by age, race, habits of life, and complications, the latter being numerous. Among the number may be mentioned endocarditis, pericarditis, pleurisy, peritonitis, meningitis, indeed inflammatory affections of the serous membranes in any part of the body.

*Read before the Iowa State Medical Society at Marshalltown, May 19, 1897.

Insanity is occasionally a complication, and other symptoms nervous in character are quite common in this disease.

Few practitioners are unfamiliar with the symptoms of this disease, they being so constant that fully seventy-five per cent of all cases pursue a typical course.

Its diagnosis is not at all difficult in ordinary, the greatest difficulty being experienced in cases where the symptoms are masked by those of some other disease occurring coincident with pneumonia.

According to Osler, toxemia is the important element of danger, he considering the consolidation of lung tissues, pyrexia, etc., as of entirely secondary importance. In proof of this position he calls attention to the fact that in many cases toxemia develops early and is out of all proportion to the amount of lung involved.

While this is true in part, at least, one can hardly consider pneumonia without taking into account the lung involvement and conditions incident to the same. What is the condition existing here? We have obstruction of the blood vessels of the lungs due to consolidation of its substance and, owing to the inability of the right heart to force the blood current through this obstruction we have circulatory disturbances, collateral hyperemia, and œdema, fullness and dilatation of the pulmonary artery, and if this condition is not relieved dilatation of the right heart and finally death from heart failure. The fact that the left heart is freely forcing blood into the circulation, aggravates the existing conditions; both venæ cavæ become overburdened with a load which cannot be discharged owing to the damming up of the circulation to the lung. The liver and spleen become engorged with blood, the brain also feels the effect of stasis, general venous congestion ensues, and the heart struggles fiercely in the unequal battle until it becomes tired and capitulates, this being true heart failure, not of the entire organ, but of the right heart only, due to mechanical obstruction of the lesser circulation alone, pyrexia and toxemia having had little to do with the result.

There is a wide diversity of opinion among the members of the profession as to the proper treatment of this disease, and one has but to read the current literature upon the subject to appreciate how much at variance we are in our ideas of treatment. Wilson in

a recent article on pneumonia aptly says: "If plans of treatment could cure, recoveries from the more serious cases would be common, not exceptional. If plans were curative they would be few in number and generally accepted, not many and questionable."

To Dr. Hughes Bennett is largely due the credit of instituting the expectant plan of treatment to which the trend of opinion has so steadily advanced, for he was one of the first to show that by this method combined with good feeding the results were better than when the old heroic methods were strictly followed. The great Niemayer was the first advocate of the use of cold applications in this disease, and while the profession has been slow to adopt this method, it is constantly gaining advocates, and whether we consider toxemia the chief element of danger or whether we consider the greatest danger to arise from the local trouble in the lungs, I consider the application of cold in one form or another to be rational treatment.

Let us consider some of the practical results attained by the application of cold in this disease as demonstrated by clinical experience. Toxemia with its resultant nervous manifestations is decidedly lessened, for not only is the propagation of germs limited, but much of the benefit is attributable to the tonic effect upon the nervous centers. Elimination is also stimulated, owing to the increased cellular activity of the eliminative organs, and thereby the toxins are cast out of the circulation. In many cases of pneumonia the chief blow is struck at the nervous system, and if we can limit germ production, facilitate their elimination, and at the same time tone up the nervous centers we have accomplished much.

That the reduction of temperature can be accomplished by the external application of cold is unquestioned, but I do question the advisability of reducing it to too low a point, for too low a temperature is fully as dangerous as one too high, the point of safety seeming to lie between the two extremes. We are all familiar with the danger of temperature above 105°, and also when low, as in the pneumonia of inebriates. These classes of cases almost invariably terminate fatally. Dr. Wilson Fox has shown that in three hundred and fifty-three cases with the temperature above 107°, 100 per cent died; 42 8-10 per cent when over 106°; 18 per

cent when between 104° and 105°; 17 6-10 per cent between 103° and 104°, and 36 9-10 per cent when the temperature was below 103°, and his deduction therefrom is that as regards temperature the maximum of safety is between 104° and 105°. Personally I have always felt more comfortable about my patients when the temperature could be maintained at a point somewhat lower than that indicated by him.

I firmly believe that the application of cold will check the spread of pulmonary congestion and that resolution is hastened in areas already in a state of exhaustion, for I have seen cases where the area of lung affected was past the stage of engorgement, as indicated by the absence of vesicular sounds, the presence of the characteristic dull percussion note and bronchial breathing, develop a new group of physical signs indicative of beginning resolution. Dr. May in the *International Clinic*, and Dr. Lees in *The Lancet*, have recorded the same results. The latter says: "In many cases I noticed a striking arrest in the development of physical signs and that the ice bag distinctly tends to repress the inflammatory process in the lungs." Professor Hare in a recent article has pointed out the advantages of cold as a means of reducing febrile temperature occurring in the course of infectious diseases, namely, that none of the organs of the body are strained in the effort at eliminating foreign material, nor are their functions perverted by the presence in them of powerful remedies. On the contrary, the proper application of cold, associated with rubbing of the skin to bring the blood to the surface, improves the circulation all over the body, increases nervous and circulatory activity, produces an elasticity of the blood vessels which is destroyed by the use of drugs, and increases the action of the kidneys, the organs which eliminate from the body most of the impurities. While, on the other hand, antipyretic drugs to a certain extent render feeble the action of the protecting phagocytes, limit the manufacture of heat, and thereby diminish oxidation, prevent the liver and spleen from carrying on their functional activity, depress the nervous system, particularly the vaso-motor nervous system, rendering the patient more susceptible to cold and congestion, and experimental evidence seems to prove that the administration of antipyretics renders animals more susceptible to infection than if they had taken no drug.

In the application of cold in the treatment of pneumonia the particular method used should be governed by the existing conditions. Where toxemia is deemed to be the most important feature of the case the cold bath would seem to be indicated, but where the local inflammatory conditions in the lung is the pronounced feature, the direct application of cold over the area of lung involved would seem to me to be the more rational procedure, and in a majority of cases my preference is for the direct application of cold to the chest over the affected lung area, the degree of cold being dependent on the results produced.

The question will arise, how long must the cold be applied? In general I am governed in this by the amount of fever present. If after the cold is applied the temperature falls to nearly the normal and shows no tendency to rise, the cold applications can gradually be withdrawn. However, in withdrawing them we should interrogate the patient frequently to prevent a further rise in temperature. It must be remembered, however, that the cold applications are not applied solely for the purpose of reducing temperature, but largely for the purpose of limiting further invasion of lung tissue and hastening resolution in areas already affected.

As to the injurious effects of cold applications, I have never observed any, and the experience of others who have used this method of treatment has been identical with mine.

As to its advantages Dr. Baruch in a recent paper read before the New York Academy of Medicine said that he had not lost a single uncomplicated case. Dr. Cohen reports a series of seventy-four cases treated by this method with a death rate of 2 7-10 per cent. The results attained by Drs. May, Jackson, Falsom, and others, have been equally good. In advocating this method in the treatment of pneumonia I want it distinctly understood that I do not claim that by this means every case can be brought to a successful termination. Neither do I entirely discard internal medication, for coincident with the use of cold I administer medicine when indicated. I do claim, however, that since adopting this method of treatment my results have been more satisfactory than formerly, and the experience of those who have had the opportunity to test this method in a large number of cases has been identical with mine.

DIPHTHERITIC CROUP

With Special Reference to Intubation of the Larynx.

By S. A. Spilman, M. D., Ottumwa, Iowa.

Read before the Iowa State Medical Society at Marshalltown, May 19, 1897.

ONE OF the greatest boons to suffering humanity is the operation of intubation of the larynx as devised and perfected by Dr. Jos. O'Dwyer, of New York. By this operation the physician can hold out some hope in almost any case. There are few more heart-rending scenes than one in which a child still physically strong is fighting death with all his might while the monster, diphtheritic croup, is gradually but surely strangling him. Diaphragmatic breathing, the staring eyes, the pleading look, the livid countenance, the expression of anguish, the grasping at the bedding, the attempt to clamber up the head board of the bed or the wall, is a picture one can never forget, and one which the physician, as well as the friends, would gladly be spared the pain of seeing again.

True, some cases must go on to death without relief, but the great majority may be made fairly comfortable, and a large percentage saved, by intubation.

But can this be done in the smaller towns and in the country where experts are not to be found? I say, yes. There should be some physician in reach of every community who is prepared to do the operation. It is an operation that should be carefully studied before being undertaken. I know of nothing which requires a cooler head, a steadier hand.

One author says: "No one who has not himself tried to insert a tube into the larynx of a living child can at all appreciate the difficulties of the operation. We are working wholly in the dark, yet there is no time for the operator to stop and feel his way — the moments are precious and not a second is to be wasted — and still there is infinite danger in haste, unless the way be known perfectly, for the glottis is but a narrow aperture, the tissues surrounding it are vulnerable, and the liability of forcing a false passage is much more real here than it is in the case of a stricture of the urethra."

I desire to present to this society the tabulated results of this operation in and near the city of Ottumwa, and while the number of cases is small, I think it demonstrates what can be done in this class of cases outside the large cities :

Case 1.—December 23, 1892 ; male, age two years ; diphtheritic croup ; intubated when almost moribund ; death in twenty-four hours from exhaustion.

Case 2.— December 8, 1893 ; diphtheritic croup ; female, age seven years ; intubation seventh day of illness ; tube removed finally after eight days ; complication, broncho-pneumonia ; tedious recovery.

Case 3.— April 17, 1895 ; female, age four years ; diphtheritic croup ; bacteriological examination ; intubation ; antitoxin used ; tube removed the fourth day ; recovery.

Case 4.— October 19, 1896 ; male, age five years ; diphtheritic croup ; antitoxin and intubation ; tube removed in seventy-eight hours ; recovery.

Case 5.— October 20, 1896 ; male, age one year ; diphtheritic croup ; intubation about end of first week ; tube removed in thirty-two hours ; death several hours after from exhaustion.

Case 6.— November 19, 1896 ; male, age twenty months ; membranous croup ; intubation ; tube removed after five days ; recovery ; the tube was subjected to bacteriological examination, and showed the Klebs-Loeffler bacillus.

Case 7.— Male, age one year ; diphtheritic croup ; intubation late ; tube coughed up in less than one hour, not replaced ; death in a few hours.

Case 8.— October 12, 1896 ; female ; membranous croup ; intubation ; very little relief ; tracheotomy in thirty-six hours ; no relief ; death from broncho-pneumonia.

Case 9.— Female, age four years ; respiration, 50 ; pulse, 160 ; intubation ; no relief being obtained tube was removed ; death from broncho-pneumonia.

Case 10.— Male, age five years ; tube expelled with cast of larynx and trachea ; tube replaced ; death in twenty-four hours, probably from extension of membrane.

Case 11.—Male, age two years ; intubation ; tube coughed out with membrane ; used antitoxin, leaving out tube ; breathing

good for a time ; death in about twelve hours occurring shortly after introduction of tracheotomy tube.

Case 12.—Male, age two years ; diphtheritic croup ; intubation ; only slight improvement ; tube removed after five hours ; death from exhaustion.

Case 13.—Male, age five years ; diphtheritic croup ; intubation ; tube worn six days ; recovery.

Case 14.—Male, age five years ; diphtheritic croup ; intubation ; great relief for twenty-seven hours ; tube removed in twenty-nine hours ; death in nine hours after removal of tube.

Case 15.—Age four years ; membranous croup ; diphtheria negatived by bacteriological examination ; breathing greatly improved by intubation ; recovery.

Case 16.—Male, seven years old ; diphtheritic croup ; bacteriological examination ; intubation ; tube worn about four days ; antitoxin on third day of disease ; recovery.

Case 17.—Male, age two years ; croup ; diphtheria negatived by bacteriological examination ; antitoxin ; intubation ; tube worn two or three days ; recovery.

Case 18.—Child three years ; seen about seventh day of disease ; diphtheritic croup ; intubation ; antitoxin ; death.

Case 19.—Female, four years ; seen on about seventh day of disease ; diphtheritic croup ; intubation ; antitoxin ; death.

Case 20.—Female, about eight years ; diphtheritic croup ; bacteriological examination ; antitoxin ; tube worn four days ; was followed by pneumonia ; recovery.

Case 21.—Child, age six years ; diphtheritic croup ; antitoxin ; intubation ; recovery.

Case 22.—Child, sixteen months ; antitoxin ; intubation ; death.

Case 23.—Child, three and half years ; diphtheritic croup ; antitoxin ; intubation ; death.

Case 24.—Female, two years ; diphtheritic croup ; antitoxin ; intubation ; tube worn three days ; death.

Case 25.—Child, four years ; croup ; bacteriological examination negatived diphtheria ; antitoxin ; intubation ; death.

Case 26.—Female, five years ; diphtheritic croup ; bacteriological examination ; antitoxin ; intubation ; recovery.

Case 27.—Diphtheritic croup ; intubation ; death.

Case 28.—Diphtheritic croup ; antitoxin ; intubation ; death.

Case 29.—Croup ; intubation ; recovery.

Case 30.—Male, twenty-three months ; clinical diagnosis diphtheritic croup ; antitoxin used second day ; intubation ; tube removed in thirty-six hours ; patient moribund at time of operation ; recovery.

Case 31.—Female, three years ; membranous croup ; bacteriological examination ; intubation ; death from extension of membrane to lungs.

These were not selected cases, and so far as I can learn, the most desperate were not denied the benefits of an operation. Out of these thirty-one cases it will be seen there were thirteen recoveries, or almost 42 per cent. In eighteen cases antitoxin was used with eight recoveries. In thirteen cases without antitoxin there were five recoveries. This showing is not so good as the figures given by the American Pediatric Society, but in view of our past experience, is certainly gratifying.

The following figures are interesting and instructive. It shows the per cent of recoveries in intubation cases doubled since antitoxin came into use.

Dr. Waxham's first 466 cases of intubation shows recovery of 44.54 per cent.

Dr. Dillon Brown's first 350 cases shows recovery of 29 per cent.

Dr. Jos. O'Dwyer's first 27 cases shows recovery of a little over 25 per cent.

Of 5,546 cases of intubation in the practice of 242 physicians there was a recovery of 30.5 per cent. This was before the days of antitoxin.

Of 565 cases of operation where antitoxin was used, 533 were intubated with 74.1 per cent of recovery. In 32 cases, tracheotomy was performed with 66.6 per cent recovery.

McNaughton reports 72 intubations without serum ; recovery in 33⅓ per cent. His first 72 cases with serum recovery of 66⅔ per cent.

Of Dr. O'Dwyer's last 100 intubations, 70 without serum showed recovery of 27 per cent, while 30 with serum showed recovery of 66⅔ per cent.

As to the relative value of intubation and tracheotomy, the preponderance of testimony is greatly in favor of the former.

I find in the report of the American Pediatric Society's investigation into the use of antitoxin in the treatment of diphtheria, this statement: "The great preponderance of intubation over tracheotomy operations shows how much more highly the profession in this country esteems the former operation."

Letters from men high in the profession show that in New York and Chicago intubation takes preference over tracheotomy.

The early use of antitoxin in cases of diphtheritic croup no doubt will render intubation unnecessary in many cases, but it should not be withheld when the symptoms are urgent.

In conclusion,— first, intubation should be practiced in all cases of diphtheritic croup whenever respiration becomes so impeded as to exhaust the patient, not waiting for a great amount of cyanosis. Second, it may be practiced by any physician who has a knowledge of the anatomy of the parts, and a clear head and steady hand, even though he may not be an expert. Third, it should be performed, even in the most desperate cases because of the relief it brings, and the possibility that it may save life.

SURGERY.

UNDER THE CHARGE OF
J. E. SUMMERS, M. D., *Omaha, Neb.*
Professor Surgery Omaha Medical College.

THE TREATMENT OF CANCER WITHOUT THE KNIFE.

EVIDENCE is accumulating from thoroughly reliable sources to the effect that malignant growths, either operable or inoperable, can be cured without resort to a cutting procedure, but the profession seems loath to place credence in such evidence, because most all teaching from so-called authoritative sources has combated the proposition. As far as human knowledge goes, it is generally recognized that the best treatment of malignant growths when seen early, *i. e.*, before widespread dissemination has taken place, is a radical cutting operation. This procedure is also recommended when the spread

of the malignant process is confined within reasonable limits. When this latter condition does not obtain the patients are left to await the end under the euthanasic effect of opium. To date, two methods (other than operative) of treatment of cancer and sarcoma have been employed, viz.:

First. The injection of toxins and certain other remedies which either constitutionally, locally, or both, act in a curative way.

Second. The employment of caustics. Of this latter, Mr. Butlin, in his work upon the operative surgery of malignant disease, selects for description of method and genuineness of results the reported work of Dr. Bougard, of Brussels. The reader is referred to Mr. Butlin's book for detailed information as to the preparation of Dr. Bougard's paste and his method of applying it. Marsden's paste and other caustic preparations are also used. Of the first, or injection method, Coley is the only surgeon whose enthusiasm has kept pace with his experience. This refers exclusively to the treatment of inoperable sarcoma; he has treated 167 cases with his toxins, curing or holding the diseases in abeyance in twenty of these cases.

Edmund Andrews (*Journal Am. Med. Assn.*) has drawn attention to the latest methods of treating carcinoma by hypodermic injection. He says that in chelidonium majus we have a remedy promising much hope in the cure of inoperable cancer, and if reports are true, it has a most peculiar and important property, viz: that after the removal of the primary growth by its action, which is that of an acid irritant, the enlarged lymphatic glands become normal. This shows that the effect of the drug goes beyond the mere caustic destruction of the primary tumor. The drug is also given internally by the mouth as well as applied locally. For injection into the substance of the tumor (one hypodermic syringeful daily), to a solution of extract of chelidonium, glycerine, and water, in equal parts, one-half of one per cent of chloroform is added to prevent decomposition. The injection may cause pain, chill, and elevation of temperature. Besides the work of others, Dr. Andrews reports a case of his own, an inoperable cancer of the rectum, which was much benefited by chelidonium, and says: "This is a new treatment and needs further testing, but I incline to think it will be found valuable in certain

cases which are now considered hopeless because inaccessible to operative measures." Such words from a surgeon of Dr. Andrews' wide experience and recognized worth should stimulate others to follow his suggestions.

Many well authenticated cures of cancer have followed the interstitial injection of alcohol in from 30 to 50 per cent solution. Absolute alcohol has also been used by some; among them Dr. Young, of Bloomfield, Iowa,

Hassel, of Germany (*Therap. Woch.*, October 11 and 25, 1896), puts into the new growth from five to twenty cubic centimeters at once. Injections are made twice a week at first, later once in two or three weeks. In fifteen out of eighteen cases of carcinoma of the breast, the growth "dwindles gradually away until in a year there was nothing left of it but the connective tissue stroma, and there has been no return."—(*Andrews.*)

Numerous other remedies are being used in the treatment of cancer. Of internal remedies, opium, protoneuclein, and arsenic, seem to exert the most benefit. The discovery of an antitoxin which will eliminate cancer from among the scourges of the race is the hope of mankind.

THE TREATMENT OF GENERAL SEPTIC PERITONITIS.

DR. J. A. McCOSH, in a paper read before the New York Surgical Society, March 24, 1897, and published in the *Annals of Surgery* for June, contributes much towards advancing our knowledge of how best to manage the most dangerous condition met with as a complication of intra-abdominal lesions, general septic peritonitis. Between the years 1888-1895, Dr. McCosh has operated upon forty-three cases of general septic peritonitis; of these, six recovered; a mortality of 86 per cent. As to this, McCosh says: "It is, perhaps, true that at the present time some of these cases would not be subjected to operation on account of their hopeless character, but prior to 1890, the limits of laparotomy for the cure of this condition were not as clearly defined as they are at present."

Besides the routine measures of other surgeons in the treatment of general septic peritonitis, McCosh has added a novel and apparently valuable practice. He employs an "intra-intestinal injection of sulphate of magnesia and other cathartics." Although at first skeptical as to the benefits of this practice, an increasing experience has taught him its great value. He says: "More than once, within the past year, I have been astonished to observe cases, which, judging from former experience, I considered almost hopeless, begin to improve before twenty-four hours had elapsed, flatus being expelled and a movement of the bowels following soon after."

Of eight cases of general septic peritonitis operated upon from January 1, 1896, to March, 1897, one died as a result of the peritonitis, and one died five weeks after operation from some lung complication; five recovered and one was convalescent. These were not selected cases; in six the peritonitis was the result of a gangrenous appendix; in one a perforating gastric ulcer, and in one a septic uterus. Cultures made from two demonstrated streptococci and two others colon bacilli.

McCosh uses chloroform as an anæsthetic; makes a free incision; turns the patient on one side and usually lets the intestines escape; incising the ilium when necessary to allow of the escape of gas and fæces if reposition is difficult. The openings in the bowel are closed by Lambert sutures. The cause of the peritonitis is removed either by extirpation or suture.

"The intestines and the cavity of the peritoneum are thoroughly irrigated with hot, normal salt solution. If the intestines have been removed, they are thoroughly but gently washed with the contents of several two-litre flasks, as is also the abdominal cavity, at the same time a stream from a three-gallon irrigating jar is steadily flowing into every corner and crevice of the cavity, through the soft rubber tube which is moved about in different directions. The temperature of the solution is 110° to 112° Fahrenheit."

When the intestines are not removed, all pouches are broken up by the hand, moving about among the intestines, while at the same time copious irrigation is being kept up. The water should never be below 110° F., and perhaps 114° F. better. Only a

part of the salt solution is sponged out. A saturated solution of sulphate of magnesia, containing between one and two ounces of the salt, is injected into the small intestine as high up as possible. The needle opening is sutured. Gauze is introduced in different directions for drainage ; a glass tube may also be inserted into the pelvis.

The abdominal incision is only partially closed. Ten grains of calomel is given by the mouth soon after the return of the patient to bed. If the stomach is not too irritable this will be retained.

Stimulation is per rectum ; lavage of the stomach may be useful in persistent vomiting.

McCosh is convinced "that success in the treatment of septic peritonitis depends largely on thorough irrigation and restoration of intestinal peristalsis."

THE RESULTS OF RADICAL OPERATIONS FOR HERNIA.

Professor Kocher has just fired another heavy gun in defense of his operation for the radical cure of hernia (*Centralblatt fur Chirurgie*, May 15, 1897). After gracefully acknowledging the value of Bassini's operation in "certain cases" he contends that his own procedure is as a rule to be preferred because the canal is not laid open, so that in the event of suppuration no injury has been inflicted ; because his method has been successful even in the hands of inexperienced assistants ; and because his statistics are good.

His own results are : 103 hernias (inguinal); primary union in 91.3 per cent, with discharge of patient in 10.7 days on the average ; 8.7 per cent of delayed union, average duration of hospital treatment, 32.6 days. Recurrence in 3.6 per cent (four cases). Mortality, *nil.*

He explains the more favorable results of Coley by pointing out that of 360 cases 250 were in children, who give much better results. In his own reports only 20 out of 198 were less than 15 years old, while 61 were over 40 years old.

In order to avoid absolutely the "funnel" of the sac at the entrance to the canal Kocher now recommends in the worst cases invagination of the sac by introducing a curved forceps into the sac from the abdominal side, a small opening above the internal ring being made for that purpose.— *Medicine.*

FRACTURES OF THE CRANIUM.*

By Fred W. Powers, M. D., Reinbeck, Iowa.

IN CONSENTING to present a few thoughts upon this important branch of surgical injuries, we purpose to prepare a résumé upon fractures of the cranium in general (barring gun-shot and railroad fractures), and report cases illustrative of some of the many injuries to which this part of the anatomy is heir. While there is nothing new or startling in the cases to be reported, yet we trust they will be instructive.

Fractures of the cranium in general practice make about two per cent of all fractures of the bony frame work, yet on account of their infrequency they are none the less interesting, since they belong to that class of injuries which demand the most urgent and skillful relief.

Surgeons giving their cases such assistance often have the pleasant realization of snatching victory from defeat, life from the very throes of death, and receive the grateful benediction of the injured. Frequently, activity and alertness will save your patient the dangerous sequelæ of procrastination; such as meningitis, cerebral irritation, protracted cephalagia, cerebral abscess, epilepsy, etc. Your perception clear, your premise and reasoning perfect, your judgment sound, then your conclusion, coupled with the courage of your convictions and a familiarity of the operative technique, will give the best results science and art afford.

Nature has brought to her relief and assistance apparently every law of mechanics compatible with symmetry, beauty, and lightness, for the defense and protection of this organ which marks the line of differentiation between man and the lower order of animals.

*Read before the Iowa State Medical Society at Marshalltown, May 19, 1897.

First. There are two compact tables with the intervening cancellous diploe combining strength with lightness.

Second. The elasticity of the bones of the skull and the elasticity of the skull as a globe.

Third. The natural arches adding strength to beauty and symmetry.

Fourth. The frontal, temporal, parietal and occipital buttresses furnishing protection to the regions most exposed to external agencies and forming pillars of strength to support the vertex when the violence is applied from above.

Fifth. The muscular padding about the neck and the bones of the face, these furnishing protection more particularly to the base.

Sixth. The cerebro-spinal fluid, intervertebral fibro-cartilage, and the natural curvature of the spine.

As we peruse the statistical tables down to the period of true asepticism it gives us a feeling of professional disappointment and remorse. Happily, the advancement of asepticism and improved operative technique has changed the mortuary tables in our behalf.

A fracture of one or both tables is usually designated by the region in which it occurs, viz.: Fracture of the vertex, fracture of the lateral region, and fracture of the base, occurring in relative frequency as just mentioned.

A fracture of the vertex frequently radiates through the lateral region and often extends into or through the base. These radiating fractures are prone to follow the inner table the greater distance.

While there are no inviolable laws regarding radiating fractures, yet we believe this to be true, that a radiating fracture will travel from point of impact along a line parallel with the force applied, leading toward the base. This is beautifully illustrated in both cases about to be reported.

The one receiving the violence in the lateral region, the violence being applied from above while the victim was on his knees, the fracture extending from the lateral region downward through the petrous portion of the temporal bone.

In the other the violence and fracture was also received in the lateral region and the force directed a little upward. The fracture

extended backward into the occiput and forward into the orbital plate of the frontal. In both cases the fracture extended parallel to the direction of the force. The violence may be applied directly or indirectly, and the fracture received be direct, radiating, or contrecoup. The more diffuse the violence the greater the liability of injury at a distant point.

The solution of the cohesion of bony continuity may be at point of impact of violence, or at a point directly opposite, or at either pole of the lengthened diameter of the cranium, with a corresponding injury to soft parts within. The bone injury received may be a simple fissure, a compound fracture, a splintered or comminuted injury, or a complete loss of substance. Where the loss of substance exceeds six to eight centimetres, bony union is rarely complete, as the bones of the skull and their periosteum are not disposed to bony formation. What little provisional callus there is produced is almost entirely the product of the combined efforts of the dura and diploe.

When the bone is not completely reproduced there is a formation of membranous connective tissues of firm texture which furnishes a considerable protection to the brain.

The real important clinical significance of a fracture, however, depends almost entirely upon the associating solution of continuity of the soft parts, as it is impossible to disassociate severe injuries of the cranium from the accompanying injury to the brain.

This may compromise the endocranium, a localized injury to the brain or its meninges, a cerebral or meningeal vessel, injury by contrecoup or a traumatism of some particular vessel or nerve at its entrance or exit through the various foramina, or along some groove that the fracture may perchance to pass.

The localized pressure may be due to depressed bone fragments or a blood clot, the latter being the more serious if not removed, on account of the probability of yellow softening of the cortex or the clot forming the nucleus for a cystic formation.

When called to a case where there is a history of cranial injury there are many important things to take into consideration. No doubt many simple fractures or fissures escape the notice of the attendant and in fact many are of very little clinical significance, as only the external soft parts require any surgical attention, all

further treatment being simply expectant and symptomatic. If upon palpation you find seeming depression which is circumscribed and the depression perceptible throughout its circumference, with severe pain upon pressure, and the injured being in a delirious, comatose, or semi-comatose condition, you have strong evidence of a fracture with intracranial traumatism. Bear in mind, however, that an infiltration of blood into the scalp with abrupt margin may lead into the pitfalls of error. An exploring needle may settle the diagnosis and if not and there are evidence of intracranial mischief an exploratory incision under strict asepticism is justifiable. Should there be an escape of brain substance, cerebro spinal fluid, or blood from any of the cavities of the skull, or should there be an escape of blood from the line of fracture appearing as an ecchymosis, particularly should it come on late, you will then have some of the strongest possible evidences of fracture. Should it be a compound injury, through the scalp wound you will have less trouble in reaching a correct conclusion as the probe, finger, or an exposure to view, will aid in determining the diagnosis. The fracture may be compound by communicating with any of the air cavities and through these channels the intercranial structure become dangerously infected, or the air may escape from the air cavities into the contiguous cellular tissue and develop an emphysema. Should there be no artery in close proximity to the scalp wound, and the water remaining in the wound after cleansing, continues to pulsate, you will have positive evidence of cerebral communication.

There may be an injury to a nerve trunk, more especially the optic, facial, or auditory, or you may find partial or complete paralysis, monoplegia, or hemiplegia.

Fractures involving the temporal region show the greatest per cent of fatalities on account of the associating injury to the middle meningeal artery ; the relative frequency of fatalities of the other regions occurring as follows, viz., occipital, parietal and frontal. All mortuary tables compiled from cases occurring during the past few years prove conclusively that where there is an injury from pressure that the chances of recovery are in inverse ratio to the lapse of time from receiving the injury to the time of operative relief.

Therefore, being satisfied of a fracture of the cranium and an injury to the cranial contents of a local nature from depressed fragments or otherwise, the case, if not suffering too severely from shock, should receive immediate surgical interference. While the operative relief should be radical, asepticism and conservatism should be the motto. There should be no unnecessary probing or handling of this important organ, and always remember that extradural operations are to the brain what extraperitoneal operations are to the abdomen, and that loss of blood from cerebral vessels produces more shock than the loss of a like quantity from other vessels.

Soft or bone tissue with its circulation sufficiently impaired so as to compromise its vitality, should be excised; in fact anything which is likely to cause disturbance in the process of repair should be removed; depressed fragments raised, blood clots washed out, and irritating splinters or foreign bodies extracted; compound fracture treated as a compound fracture in any other part of the body; drainage used when indicated, the tubes extending beneath the scalp only, and they should be removed when having served their purpose.

A plastic operation of the pericranium may compensate for a loss of dural substance and prevent hernia cerebri. Everything about the wound should be rendered aseptic, and it is wise to make frequent change of dressing, to avoid infective meningitis, should there be unfortunately suppuration of the wound or a stickhole abscess.

Much might be said in addition upon this broad theme and the subject only then half exhausted. Having confidence that the discussion will be punctured with many points of practical importance, we will content ourselves to close after reporting the two cases mentioned in our opening.

The first case is a girl now about seven years old. When she was two years and ten months old she received a blow from the kick of a horse, producing a depressed fracture of the right parietal, which radiated forward through the frontal, including its orbital plate, and backward into the occipital. The depressed fragment measured two and one-half inches in length and seven-eighths inches in width at its greatest width. There was a groove along its under surface for the transmission of a

meningeal vessel. We found her shortly after the accident in a semi-comatose condition with delirium; respiration slow and labored; pulse slow, soft, and full; vomiting. She showed evidences of pain upon the slightest pressure over depressed fragment. The lids and connective tissue of right orbit was edematous and ecchymotic. In fact, the swelling was so severe as to prevent us securing a good view of the eye. She was given ether and a rubber bandage was adjusted around the cranium below seat of injury. Under strict asepticism a long crucial incision was made. Through this by a little twisting motion the fragment was raised and removed. A blood clot beneath was washed out. The dura was not opened. The fragments along the lineal fracture were sprung up into place; the wound closed with drainage.

The primary dressing was made on the third day and the drainage tube removed on the fifth. The wound healed kindly without suppuration and she never showed more than one degree of fever. She regained consciousness as soon as she came out from under the ether and made an uneventful recovery. She has had no trouble since, excepting a little headache when she applies herself too closely to her studies on a very warm day. There has been quite a firm membranous formation, which protects the brain to some extent. As to the advisability of removing so large a fragment no doubt there will be differences of opinion.

The second case is a man now twenty-nine years of age. We saw him a few weeks after receiving the injury and was consulted in regard to his mental trouble.

For the report of his condition at the time of and immediately following the injury we are under obligations to Dr. W. G. Mullarky, of Holland, who had the case in charge. He received a fracture of right parietal about two years ago by being struck with an oak stick when he was on his knees. The depression is still well marked. The fracture radiated downward through the petrous portion of the temporal. He was not seen until the next day following the injury. When first seen blood of an arterial nature was running in a small stream from the right ear. Respiration stertorous and foaming at the mouth; semi-comatose and delirious, delirium continuing for about ten days. Partial hemiplegia of left arm and leg, which has gradually improved, but is somewhat

noticeable now after having one of his spells ; pulse slow and full ; marked ecchymosis noticeable on third day over right mastoid region ; continued to vomit for a few days. Localized meningitis developed about the fourth day and temperature rose to 104°. He was not operated, but an incision was made over ecchymotic area and dry cups used freely and treated symptomatically and cold applied to the head. When we saw him he was suffering from cerebral irritation, slight hemiplegia, and vertigo when suddenly looking upward or downward. He was given bromides, and an immediate operation to raise fragment advised, and as to the advisability of such procedure the attending physician concurred. He has had four severe epileptic seizures, the first coming about five months after the injury. He has a partial attack about once a month and is troubled with headache when exposed to the sun. He expects to be operated upon soon.

This case demonstrates the necessity of an immediate operation in such cases if you would prevent meningitis, an epileptiform habit, or other dangerous sequalæ. We may be able to report the result of an operation upon this case at some future time.

NEUROLOGY AND MEDICAL JURISPRUDENCE.

UNDER THE CHARGE OF

MAX E. WITTE, M. D.,
First Assistant Physician Hospital for the Insane, Mt. Pleasant, Iowa.

REST IN THE TREATMENT OF MENTAL AND NERVOUS DISORDERS.

AMONG the many truths, so axiomatic that even the simple statement seems a platitude, yet of which we cannot be too often reminded, is the one that nature and not the drug cures disease.

This means that deviations from a standard of health within the organism, are not corrected directly by the medicine administered, but by the forces within it, which are ever watchful to promote and guard its integrity. Each cell has a special life of its own, and besides its special functions, has markedly the primitive, all-pervading and enduring one of self-preservation.

The physician may by medicine or other means augment or decrease, favor or retard, this restorative power, and consequently be a factor for good or evil in the treatment of disease. His wisdom and reason can find no better field of labor than as an ally and aid to the human organism invaded and assailed by hostile forces. His rank as a physician is determined by the judgment displayed in the selection of remedies. The best and wisest among us have long ago watched nature in her processes and methods in restoring the reduced cell or combination of cells, as in the organism, to its integral value. It has been early seen that a state of rest is that in which repair goes on. Not rest with the meaning of complete cessation of all activity, but rather a cessation, or decrease even, of the expenditure of force ; of a reduction from potential to actual energy in the exercise of the special function of the cell. It is more particularly in that more profound state of rest known as sleep that the organism brings up its balance, and the cell, by means of its vital power, stores away energy in a potential form, in simpler chemical combinations peculiar to itself. The changes going on in the organism during disease usually differ from those in health in degree only, and rarely in kind ; hence is the state of physiological rest the ideal condition favorable to the correction of perverted cell life and the restoration of the organism to its normal status.

This almost self-evident truth, gained by man only after much labor and observation, and even now so often neglected, is embodied in the instinct of the lower animals. Our dog instinctively seeks rest for a diseased member or organ. When his stomach is deranged he abstains from food, until such time when the organ has regained its healthy status.

If rest is then of such paramount value in the treatment of disease in general, it is in a still greater degree necessary in the treatment of the disorders to which the most highly organized matter, the nervous system, is subject. Nervous and mental diseases, more than any other, if possible, need rest for their relief.

In acute disorders of the nervous system especially, and usually also in the more chronic types of disease, a lowered cell life obtains and the vital forces are at low-water mark. Even when the disease is of a sthenic form, and hyper-kinetic in appearance, it is so seemingly only, and the store of reserve force is

drawn on and lavishly squandered. Rest then in these cases is the great, and usually the only, desideratum, for the obtaining of which every means must be employed, in order that the bodily economy may restore its balance. In general diseases, other than those of the nervous system, as a rule there is a willingness to rest on the part of the patient. The victim early seeks a recumbent position, and instinctively avoids everything that may cause discomfort or pain, that earnest cry of the nerves for relief. In disorders of the nervous system itself there is frequently a marked disinclination to rest. The governor is off and the machine runs riot.

It is in this class of disorders that exhaustion soonest supervenes, and restoration by rest is most needed. It is, then, our duty in the treatment of such disorders, above all other things, to promote by every means at our command a state of physiological rest. In such cases we should place our patient in a comfortable recumbent position, if for nothing more, to take work off the weakened, heavily laboring heart, to equalize the circulation and remove effete material, and give the affected and disordered nerve cells a more favorable opportunity to restore themselves by their own inherent *vis medicatrix naturæ*. Good and sufficient sleep should be induced, and the patient's consciousness diverted from himself and his troubles. We all as practitioners have daily observed the great influence of mind over matter, and have seen the power for good or evil of the patient's mental attitude towards himself and his disorder. It is said a grain of truth is contained within every error. There is a grain of truth at the bottom of that well, compounded of ignorance and folly, known as Christian Science, and that grain of truth depends on the derivative action of the mind on the diseased organism.

At times and in some cases rest and restoration is brought to diseased and abnormally laboring nerve cells, on which certain function or functions depend, by exciting the activity of other functions. Thus we have seen hypochondriacs or even melancholiacs, whose attention was constantly and morbidly centered on themselves, restored by a simple change of scene or surroundings, or the taking up of some interesting pursuit. The pressure in the disordered and hyperæmic centers was relieved by the derivative action of other centers set in activity and consequently

flooded by a greater volume of blood. We all have observed that, when fatigued by the prolonged and arduous exercise of any function, we are rested by a change of occupation, even if the energy expended is equally great, only so that new functions are brought into the field of action. The man worried by long and close observation, as in the pursuit of some scientific inquiry, can find rest in a game of chess or whist; the mathematician in a botanizing tour; the Sage of Hawarden by chopping down trees.

On this principle of bringing other faculties into play depends the mode of treatment by amusement, diversion, and manual employment, in vogue in modern hospitals for the insane. Even a momentary diversion of the attention is of some gain. Like in all other not self-limited diseases, those involving the nervous system can most easily be remedied in the earlier stages. Hence an early recognition and treatment of the disorder is of the very highest importance, and here the general practitioner has his greatest province for good. If he early recognizes the approach of grave disorder and, by simple means judiciously employed, brings timely rest to the threatened or assailed organism, he can in most cases avert impending disaster. Often, improved and regulated sleep is only necessary. Again, a change of environment, and this particularly in mental maladies, is indicated. So, often, and daily it is observed that a removal of many of these patients from home and to a hospital has a most beneficial effect, and that no medicine is necessary for a restoration to health.

Where the disorder has more fully developed and obtained a firmer foothold, the patient should be put to bed and kept there, whatever the bodily condition, or the inclination of the patient may be. It goes without saying that the bed and everything about it should be made as comfortable as possible to the patient, so that it may be a means of rest and a promoter of natural sleep, and not an instrument of torture. Good fresh air should be abundant, but noises and strong lights banished. An air of calm and blissful rest, like that anciently said to reign over the land of the lotus eaters, should rule supreme.

The embodiment of rest in a well-developed and systematized treatment for the care of certain nervous diseases is an enduring monument to the name and fame of Dr. S. Weir Mitchell. The

recognition of the importance of rest in the treatment of the insane is increasing, and while the writer is not a prophet nor the son of a prophet, yet he ventures to predict that the day will come when all patients afflicted with acute mental disorders, whether showing exhaustion or not, like patients suffering with fever or other acute diseases, will be confined to bed and kept there until convalescence is well established.

Even in some chronic forms of disease we have often seen marked amelioration of disorder by the patient assuming the recumbent posture. Delusions, hallucinations, and irrational and morbid impulses, so prominent when the patient was erect, faded markedly on lying down.

Next in importance to rest in the treatment of these disorders is the avoidance of further disturbance or wear. When we cannot induce physiological rest we should certainly do nothing to add to the disorder. And right here we would like to call attention to a mistake so frequently made, namely: the employment of electricity of high tension in the treatment of acute disorders of the nervous system. After what has been said the mere mention and a little reflection on this point is sufficient.

After having so often become impressed by the curative methods of nature in rest, and in behalf of so many weary and disordered brains and nerves we would, with Sancho Panza, bless him who invented sleep.

A PROTEST.

To the Medical Profession, Members of the Legislature, and Citizens of Iowa, — You are doubtless aware that the Board of Regents of the University of the State of Iowa have appropriated nearly $150,000 for the construction and equipment of an hospital to be an adjunct to the medical department of the University.

This hospital has been planned to possess the greatest amount of facility for medical and surgical work possible in the present state of science; and, under proper restrictions, it might become a source of great benefit to the needy and indigent requiring medical or surgical treatment.

But the best information accessible indicates that the use and

control of the hospital is to be *restricted* to members of the faculty of the medical department of the State University, and that the practical working of the hospital is to be largely under the control of non-resident members of the faculty.

We are also informed that while it is the intention of those in authority to admit the poor, if funds for their board be guaranteed by friends, or by the county from which they come, the well-to-do are to be received and afforded advantages superior to those that can be given by the local physicians and surgeons, or by local hospitals or sanitariums, provided they pay their board and reasonable charges to the physician or surgeon in charge.

Thus the state in behalf of a few individuals connected with the faculty of the medical department of the University, enters into competition with every general practitioner, and every hospital and sanitarium in the state; also offering to furnish a set of operating rooms, and all special appliances, to the members of the staff without expense to them; thereby giving them great advantages in competition with the large body of the medical profession who have no such extraneous aid.

We call your attention to this matter in the hope that you may aid in obtaining from the legislature such enactments as will secure the enforcement of the following rules; without which, in our belief, the hospital should receive no help from the state or the medical profession.

First. That no patient should be admitted to the hospital or receive treatment therein who is able to pay, or possesses sufficient means to pay for his or her treatment at home, or in a private institution.

Seeond. That no physician or surgeon, a member of such hospital staff, shall receive any compensation for service in such hospital, or receive any pay or gratuity from any patient admitted to such hospital.

It is our belief that the adoption of such rules would in no way lessen the opportunity for good of a state hospital, and could in no way interfere with the *legitimate* work of the members of the staff.

Respectfully submitted,

ELMER F. CLAPP, M. D., Iowa City, Ia.
C. M. HOBBY, M. D., Iowa City, Ia.

Iowa City, Iowa,
July 5th, 1897.

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MEDICAL DEPARTMENT OF THE STATE UNIVERSITY.

Every citizen of Iowa is interested in the State University, in all its departments. Every citizen in the state contributes to the support of the University, and to that extent is financially interested in the head of our state public school system.

It is the ambition of every citizen that our state university be the peer of any in the land.

No matter what may be the *alma mater* of any medical man in the state, it is his wish that the medical department of the University take high rank in the schools of the country.

Whatever will promote the interests of the department is therefore of interest to the profession.

There is no question in the minds of the physicians of the state that there are too many medical schools in the country. Too many small schools that are very imperfectly equipped and where the professional qualifications of the instructors are not of the high standard which should be required.

There is at present a movement on foot that will materially affect the medical colleges of the country. This is the tendency to combine schools that have been independent, and thus form others of great wealth and strength, and which are at the same time under the supervision of the state.

This we have recently seen in the case of the University of New York and the Bellevue Hospital Medical College. Thus two of the leading schools of the metropolis have united to form the strongest medical school on the continent. It now has the entire equipment of the two schools and a corps of instructors

which numbers 116, and is composed of the leading men of New York. Being closely connected with Bellevue Hospital, its clinical advantages are the best.

Following the lead of the New York schools comes the College of Physicians and Surgeons of Chicago, which attaches itself to the University of Illinois.

This recognition of the function of the state in the matter of medical education has become the thought of the medical profession, and the thought is rapidly assuming tangible form.

It means the destruction of the little medical schools which have sprung into existence solely for the purpose of advertising the professors who are associated with them, and the profession of the country say amen to their destruction.

It will of course give a few men a little less opportunity to shine as stars of high grade magnitude, but the profession at large will not mourn at this. Besides, these ambitious men would be just as ambitious and would shine brightly anyway. So let the good work go on. Let the many little schools combine, or, refusing to combine, let them die of inanition.

In Iowa we have five medical schools. We should have one. This should be a strong school, under the supervision of the state, and should be the medical department of the State University of Iowa. It should be located at Des Moines, the largest city of the state and most able to furnish clinical material. Thus would be combined the elements of strength which go to make up a strong school — the backing of the state, a good supply of clinical material, and a well qualified corps of instructors *who are paid for their work.*

The equipment of the other schools of the state could be purchased and places in the University might be found for the best men associated with them.

In the five schools of the state there are now 779 medical students. Some of the schools want students. In consequence of this desire some are admitted who are not in the least qualified to enter. Without proper qualifications for entrance their deficiency at graduation time necessarily follows.

This can all be corrected by placing the matter under state control.

With the medical department at Iowa City we believe that ultimately it means the abandonment of the department. Under the new arrangement for medical schools, which is certainly near at hand, no medical school can exist in a small town. Even that splendid institution which has done so much for medical education —Ann Arbor — will be unable to resist the tide. It must go to the principal city of the state, Detroit, or its greatness will be a memory. Without the support of the medical profession, which positively controls the movements of medical students, medical schools can not prosper. And it is surely the mind of the profession that fewer schools, well located in large cities, and under the control of the state, are the essentials of the successful medical school.

In Iowa the medical department is located at Iowa City by constitutional provision. The constitution should be changed in the interest of its great University. Every medical man in Iowa knows that this department should be at Des Moines. The people of Iowa are highly intelligent, and when the true situation is known to them they will willingly change the law which now cripples the usefulness of this worthy institution. A bill for this purpose should be introduced this winter and pressed to a successful issue.

The medical department of the University is now in a very prosperous condition. We speak simply in the interests of its future greatness.

The schools at Sioux City and Keokuk are likewise prosperous and are doing work that is highly commendable, yet we believe that all will agree that a great central university would in future years produce the highest possible results in the matter of medical education.

Medical Ethics.

BOONE, Iowa, July 1, 1897.

At the annual meeting of the Central District Medical Association of Iowa, held at Boone, Iowa, June 15, 1897, the following resolutions were adopted and ordered printed and a copy furnished each member of the society :

"WHEREAS, Complaints of various characters and kinds have been made to the committee of ethics and the board of censors ; therefore be it hereby

"*Resolved*, That it shall be deemed cause of expulsion or bar to admission for any member of this society, either directly or indirectly, to consult or hold counsel with any irregular practitioner of medicine."

G. H. STANGER, *Secretary*.

As the above contains no specific charges we are unnable to give the causes which called forth the resolution. It implies, however, that some one has been violating the code of ethics.

What are we going to do about it?

The code is rapidly becoming a farce. It might be better to say "the code is a farce."

It applies fairly well to the small practitioner, but to the man with "ambitions," with a consultation practice, a surgical business, a college professorship, to the medical school, the free dispensary, the clinic,— to these it does not apply.

Some of the county societies have agreed that ethics should not be agitated very much — that consultations were necessary.

Some of the schools of the state strive to have large clinics. If a patient will go before the clinic and thus boom the school and the associated professors no other compensation is required.

This is ethical.

A number of doctors aggregate themselnes into a "select" combination and start a free dispensary.

At the free dispensary pay patients are treated free. That is those who did pay before the starting of the dispensary now go there and get the service for nothing.

Thus the profession is deprived of a considerable revenue and the community is pauperized.

We have one in connection with the medical school at Des Moines. The faculty is the staff. Others are also now announced in connection with other schools.

This is ethical.

There are medical schools in Iowa which are pure advertising schemes. No one, from the dean down, receives a cent's compensation. The only pay expected is the advertisement of the professor.

These are ethical.

But if some starving doctor, with a wife and family to support, consult with an irregular over the fate of some poor mortal whose life is in the balance, a crime is committed which is not pardonable, but must be followed by expulsion and disgrace.

Until the medical profession has the nerve to attack those who are high in the ranks, the consulting doctor, the advertising

school, the free clinic, the free dispensary, the charlatan who parades as regular and defies the principles of the code as beneath him, it can scarce expect the humble brother in rural district or in crowded city to govern himself except by the same law which applies to those who assume to set the pace.

For Governor. There are a number of candidates in the field for governor. Among them we note the name of Senator A. B. Funk, of Dickinson county. Senator Funk is one of the bright men of Iowa, a genial man, and an earnest advocate of all his views.

We believe, however, that the medical profession of the state should use its influence in other directions.

There are other men just as competent as Senator Funk and who are not on record in medical matters as the Senator from Dickinson appears.

At the special session of the legislature last winter, and when the medical bill, in which the profession of the state was interested was under consideration, Senator Funk was on the side of the osteopath and other medical fads. He voted to kill the medical bill in the Senate (see March issue of Journal).

That the position of governor is an important one in legislation was demonstrated in Illinois last winter. In contrasting the governor of Missouri with the governor of Illinois Dr. Norbury in the *Fortnightly* says :

> How much he is wanting can only be ascertained by comparing with another governor, and we will take the governor of Illinois, who lately has shown the medical profession what a blessing it is to have an executive who is intelligent and broad-minded, so that he can forestall the action of unwise legislators, and thus prevent the body politic from suffering at the hands of quacks, tricksters and impostors. Contrast Tanner, of Illinois, with Stephens, of Missouri, and you see at a glance, as we would say in medicine, "the differential signs" of progress and poverty. Tanner, alive to the needs and good of his state — Stephens a selfish, unstable, ambitious, inane man, alive to what may accrue to Stephens, but cares little for the state he represents.

The physicians who are on the delegation at Cedar Rapids should work for a man who, along with other qualifications which a governor should possess, has some respect for scientific and sen-

sible methods in the treatment of the sick, while all should use what influence they possess with the members of their local delegations. It should be definitely understood by all the delegates that the 4,000 medical men of the state will not support Senator Funk for governor, either by their votes or by their influence.

It is unfortunate that Governor Drake will not succeed himself, as in addition to his many other qualifications he thoroughly believes that all who have to do with the health and life of the people should be well qualified for their duties.

Medical Colleges. We have this month given a good deal of space to the medical college question. There is no more vital question before the profession of the state to-day. A committee of the St. Louis Medical Society recently in a report to the society said, "The greatest corrupter of the profession is the medical college, which furnishes the greatest, the most injurious number of clinics." *We want a letter from every doctor in Iowa who reads* THE JOURNAL, *whether a subscriber or not, giving his views on the situation.* What is best to be done? How many schools shall we support in the state? We also ask your special views on the matter referred to in relation to the location of the medical department of the State University.

We believe that the schools of the state should be controlled by the profession, and not the profession by the schools.

STATE NEWS.

Dr. A. J. Beebe has removed from Primghar to Kingsley.

Dr. J. H. Griffin, formerly of Waukon, is now located at Carpenter.

Dr. V. C. Birney, of Greene, Iowa, was married on May 20th to Miss Ida Rartz, of Charles City.

Drs. R. L. Cleaves, of Cherokee, and L. M. Johnson, of Storm Lake, have been appointed pension examiners.

The charter of the Illinois Health University has been revoked. This was one of the diploma mills of Chicago.

Dr. J. S. White, of Montour, reports an interesting case of cretinism cured by the use of desiccated thyroids.

We note the name of Dr. Emmert mentioned for senator from Cass. We trust that the profession of his district will support him to a man, regardless of politics. Dr. Emmert will be a power for good in the senate.

The fourth annual meeting of the Iowa State Association of Railway Surgeons will be held at Des Moines, October 13 and 14, 1897. A. A. DEERING, *Secretary.*

Boone, Iowa, July 20, 1897.

The college company of Carroll has transferred its grounds and buildings to Dr. A. L. Wright for hospital purposes. The doctor is now refitting the building and will equip it in the most modern hospital style. It will have a capacity of fifty beds.

The Botna Valley Medical Association held its midsummer meeting at Atlantic on July 8th. There was a good attendance. Papers were read by Drs. M. F. Stults, of Wiota; James Bisgard, of Harlan; F. W. Graham and W. W. Cannon, of Atlantic.

Dr. G. E. Crawford, of Cedar Rapids, has recently returned from three weeks spent among the clinics of Philadelphia. His son, Dr. J. Lynn Crawford, a recent graduate of the University of Pennsylvania, is pursuing post-graduate studies in pathology and clinical diagnosis at the Philadelphia Polyclinic this summer preparatory to the position of resident physician to the Polyclinic Hospital October 1st.

The Jasper County Medical Society met at Newton July 20th. The following program was presented: "Mothers and Babies," Dr. P. Engle; "Cranial Injuries with Report of Cases," Dr. W. H. Thompson; "Chloride of Sodium in Health and Disease," Dr. J. T. Robbins; "Dacryo-cystitis and Lachrymal Fistula with Report of Three Cases," Dr. A. H. Weber; "Nicotiana Tabacum," Dr. M. R. Hammer; President's Retiring Address, Dr. E. H. Robb.

The medical school question in Iowa is being most thoroughly agitated at the present time.

It is proper that it should be. We maintain that no number of doctors combined, calling themselves a medical school, have any rights whatever that do not apply to the single doctor practicing in the most obscure corner of the state. If the schools insist on usurping powers that do not belong to them there is but

one thing for the profession to do — send all students to the schools which do not abuse their privileges.

The next meeting of the Mississippi Valley Medical Association will be held in Louisville on October 5, 6, 7, and 8, 1897. All railroads will offer reduced rates. The president, Dr. Thomas Hunt Stucky, and the chairman of the committee of arrangements, Dr. H. Horace Grant, promise that the meeting will be the most successful in the history of the association, and this promise is warranted by the well-known hospitality of Louisville and Kentucky doctors. Titles of papers should be sent to the secretary, Dr. H. W. Loeb, 3559 Olive street, St. Louis.

Dr. Hornibrook has appointed the following chairmen of sections for the next annual meeting of the Iowa State Medical Society: Surgery, J. A. Sherman, of Cherokee; medicine, H. E. W. Barnes, of Creston; gynæcology and obstetrics, C. E. Ruth, of Keokuk; ophthalmology and otology, W. B. Small, of Waterloo; state medicine, A. W. Cantwell, Davenport; mental and nervous diseases, H. A. Gilman, Mt. Pleasant; materia medica, B. H. Criley, Dallas Center. Dr. Hornibrook is to be congratulated on the excellent start he has made.

The regular meeting of the Polk County Medical Society was held Tuesday evening, July 6. The following was the program: General topic, "Tuberculosis"; "The Pathology of Tuberculosis," Dr. Jno. F. Kempker and Dr. A. G. Field, discussion opened by Dr. A. R. Amos; "The Treatment of Tuberculosis," by Dr. D. F. Monash, discussion opened by Dr. C. E. Currie, followed by Dr. J. T. Priestley; "The Prophylaxis of Tuberculosis," by Dr. J. F. Kennedy, discussion opened by Dr. E. Luther Stevens. The committee requested members to bring pathological specimens or to report cases of special interest. The August meeting will be the first social event of the new year and for which the social committee, in conjunction with the program committee, are planning. The general topics will be "The Skiagraph" and "The Expert Medical Witness."

Dr. R. R. Williams, of Manning, was recently seriously injured in a railway wreck on the Milwaukee. At the time he was injured he was on a wrecking train going to relieve some persons who had been injured in a wreck earlier in the day.

Dr. Milo M. Lewis has located at Cascade.

Dr. Wm. Berner, of Chicago, has located at Merrill.

Dr. Jas. Lehan, a graduate of Rush, has located at Dunlap.

Dr. H. B. McKlveen, formerly of Coin, has removed to Waverly.

Dr. J. L. Sawyers and family, of Centerville, are visiting in Chicago.

Dr. F. O. Brown has located at Lewis. He is a recent graduate from Rush.

Dr. D. G. Hoxie, of Belmond, is suffering with an attack of rheumatism.

Dr. Wm. Tigner and wife, of Churdan, have returned from a trip in the south.

Dr. W. T. Peters, of Burt, was married to Miss Minnie Shadle, of Algona, on June 30th.

Dr. Max E. Witte, of Mount Pleasant, is taking a vacation of two months at Spirit Lake.

Dr. E. G. Dennis, of Charles City, is spending a couple of months in the hospitals at Boston.

Dr. Henry Janss, of Marshalltown, was married to Miss Clara B. Jewett of Grundy Center, on June 15.

Dr. G. H. Mammen, of Le Mars, has just returned from a six weeks' sojourn in the hospitals of Chicago.

Dr. and Mrs. J. R. Guthrie, of Dubuque, have concluded a short vacation, the guest of Senator Trewin, of Allamakee.

Dr. Amos Babcock of New Hampton, has just returned from Annapolis where he has entered his son in the naval school.

Dr. T. B. Askew, of Allison, has sold his practice to Drs. Appleby and Day, of Bristow. Dr. Askew has removed to Waverly.

Dr. Theo. Engle, of State Center, is the democratic candidate for representative from that district. Dr. Engle would be a good man for the place.

Dr. C. M. Drumeler, of Panora, was injured by a premature explosion of a fire cracker on July 4th. As a result his left eye was disabled for a time.

Dr. F. A. Osincup, of Waverly, is taking a six weeks vacation in the east. Dr. Galloway, of Chicago, is attending to the Doctor's practice during his absence.

Dr. W. E. Owens and Dr. A. C. Moon, of Williamsburg, have formed a professional partnership.

The College of Physicians and Surgeons of Keokuk have started a little paper, the *Alumnus*, which is of special interest to the alumni of the school.

The Southwestern Iowa Medical Society will meet at Osceola August 19th. A good program is promised. This is one of the best societies in the state.

Drs. J. W. Kirkpatrick, of Wyoming; J. E. Gilmore, of Monticello, and L. J. Adair, of Anamosa, have been appointed pension examiners for Jones county.

Dr. T. J. Ledbrook has removed from Lime Springs to Lakefield, Minn. Dr. F. S. Carpenter, of Minneapolis, purchased Dr. Ledbrook's practice at Lime Springs.

Dr. W. E. Sanders, of Alta, is now in St. Louis, where he will remain for the next four months doing work in pathology and bacteriology, a private pupil of Dr. Hugo Summa.

Dr. R. D. Mason, of Missouri Valley, has been elected lecturer on diseases of the rectum in the Creighton Medical College, Omaha. The Doctor is to be congratulated upon his good fortune.

Mercy Hospital, Des Moines, will this summer erect a large addition, which will contain an amphitheater, operating rooms, additional rooms for patients, wards, etc. About $30,000 will be expended.

Dr. Frank Parsons Norbury, editor of the *Medical Fortnightly*, is superintendent of the Oak Lawn Private Retreat for the Insane at Jacksonville, Ill. Dr. Norbury is making a marked success of the institution.

In the election of officers of the American Medical Association two Iowa physicians were honored. Dr. J. T. Priestley, of Des Moines, was elected chairman of the board of trustees, and Dr. D. W. Crouse, of Waterloo, chairman of the judicial council.

Nominations for members of the legislature are now being made. Only such candidates should be supported as are broad-minded enough to look after the interests of the people rather than of those of the ignorant pretenders who prey upon them.

A little work by each physician will tell largely on the results in the legislature.

Dr. Aghasie Oshana, of Chicago, has located at Thompson.

Dr. A. White, of Clearfield, is spending a few weeks in Ohio.

Dr. Wallace, of Belmond, is spending a short vacation in the east.

Dr. J. D. Kerlin, of Whiting, has just completed post graduate work in Chicago.

Dr. Pasohal Davis, of Keokuk, died on July 6th. He was for many years a prominent physician of that place.

Dr. D. S. Bradford of Janesville, Dr. Ford of Plainfield, and Dr. Brown of Waverly, are the pension board appointed for Bremer county.

Dr. Wm. Miller, a homœopathic physician of Davenport, performed craniotomy without consultation, and as a result may be held to the courts.

The new pension examining board of Fayette county is : Dr. Robinson, of West Union ; Dr. Pattison, of Oelwein and Dr. Burrows, of Hawkeye.

The annual meeting of Scott County Medical Society was held at Davenport on June 24th. Dr. J. H. Kulp delivered his retiring address as president and Dr. Jennie McCowen read a paper on "The Medical Inspection of the Public Schools." Dr. Strohbehn was elected president, Dr. Vollmer vice-president, and Dr. McCowen treasurer.

The annual meeting of the Iowa and Illinois Central District Association met at Davenport on August 7th. Among those present were Drs. P. J. Farnsworth and M. A. Coveny, of Clinton ; G. E. Decker, J. Kulp and Jennie McCowen, of Davenport. Dr. Chas. M. Robertson, of Davenport, read his retiring address as president. Dr. Farnsworth addressed the society on medicine now as compared to the practice forty years ago.

Dr. Clarence Heald, of Ottumwa, who was recently sent to Calcutta to bring back a resident of Ottumwa who was sick at that place, has made a trip around the world. Passing through India he saw something of the famine and says that the situation is fully as bad as has been depicted to us. At every station crowds of natives surround the train and beg for food. They are literally walking skeletons. Thousands of human beings are perishing for want of food.

Dr. G. A. Cassady, of Shelby, is vacating in Canada for a month or so.

The Keokuk Medical College has started a college of dentistry as one of its departments. The course is a three years' one of six months each. The faculty includes Dr. Geo. F. Jenkins, president of the college ; Dr. B. C. Hinkley, professor of operative dentistry and dental pathology, dean ; Dr. E. G. Snodgrass, professor of clinical dentistry, operative technics and crown and bridge work, secretary ; Dr. J. W. Stark, professor of prosthetic dentistry, prosthetic technics and metallurgy, treasurer ; Dr. T. J. Maxwell, professor of oral surgery ; Dr. S. W. Moorhead, professor of materia medica and therapeutics ; Dr. C. E. Ruth, professor of regional and dental anatomy ; W. C. Howell, professor of dental jurisprudence ; Dr. O. D. Walker, professor of physiology and histology ; Dr. Frank M. Fuller, professor of chemistry and director of chemical laboratory ; Dr. W. B. LaForce, professor of bacteriology and director of pathological, histological and bacteriological laboratories. Special lecturers have been secured as follows : Dr. I. P. Wilson, of Burlington, a former professor in the dental department of the State University, on dental histology, pathology and therapeutics ; Dr. H. L. Madison, of Burlington, orthodontia and oral deformities ; Dr. H. Whipple, of Quincy, on operative dentistry and demonstrator of porcelain work ; Dr. E. P. Hagen, of Fort Madison, on prosthetic technics and metallurgy ; Dr. J. W. Hubbard, of Columbus Junction, on dental chemistry and electricity ; Dr. J. A. Scroggs, on embryology, and Dr. R. M. Lapsley on relation of the eye and ear to the teeth.

Ulcerative Condition.

Dr. R. H. Baylor, Stewart, Tenn., in reporting his experience with Sennine as an antiseptic and germicide dressing, as well as stimulating healthy granulations on an ulcerative surface, says, "There is nothing further desired in the antiseptic line," and he has accomplished pre-eminently satisfactory results in ulcerative conditions where everything else had failed. Sennine is easily applied — a clean dressing and permanent relief in a short time.

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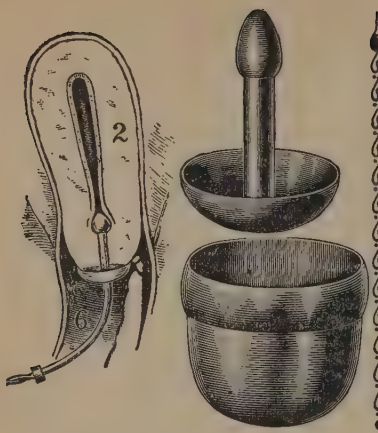

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Therapeutics of Lactophenin.

Dr. Geo. Howard Thompson, professor of materia medica in the St. Louis College of Physicians and Surgeons, contributes a second clinical report on Lactophenin to the *Tri-State Medical Journal*, May, 1897. His first report was written a year ago. He says he has "continued the use of this valuable product with increasing satisfaction. It is a definite chemical body, differing from phenacetin in that lactic acid replaces acetic acid," and this "seems to overcome entirely the possibility of cardiac depression or the conversation of hæmoglobin into methæmoglobin, an attribute only too frequently met with in antipyrin, acetanilid and phenacetin."

He says further, "As an analgesic, it is equal to the best pain reliever in the materia medica," and he quotes three cases in detail in which Lactophenin achieved excellent results.

The conclusion arrived at by the author, from his extended experience with Lactophenin, is that his cases indicate to him the "great superiority of Lactophenin over phenacetin and other members of the coal tar group of antipyretics and analgesics."

Sanmetto in Gonorrhœa.

A bottle of Sanmetto enabled me to discharge the patient I was treating entirely cured. Since then I have a crop of cases of gonorrhœa, such as often explodes in our midst in the form of an epidemic. In the chronic form of gonorrhœa, ending in chronic cystitis and urethritis, involving the prostate gland and lymphatics, with backache, malaise and painful micturition, I think I can say with impartiality that I know of no medicine conserving the purpose of bridging over these troubles like Sanmetto, and I know of no class of troubles which annoy physicians more. In all such cases I would say, put the patients on Sanmetto, and if they do not improve, I will give it up. Sanmetto is invaluable in such cases.

Pulaski, Tenn. J. C. ROBERTS, M. D.

A THRILLING TALE.

The reliable daily press! Seeing the following item in all the daily papers recently, and it being a case far out of the ordinary, we wrote Dr. J. W. Frazier, of Honey Creek, concerning the details. We give the story in three chapters:

I.

Mrs. Jane Martenson, of Honey Creek, who was attacked by an immense eagle, Tuesday, is dead as a result of the frightful injuries inflicted by the great bird. She was 70 years old and died from the shock and loss of blood. The affair occurred in the suburbs of the town and the victim's cries and the screams of the enraged eagle were heard by a number of persons, who, however, arrived too late to render any assistance. Mrs. Martenson was working in her flower garden about the middle of the afternoon, when the eagle swooped down and fastened its talons in her back and neck and spread its great wings in a desperate effort to carry her off bodily. The woman shrieked with pain and fright, and began a desperate fight with the huge bird. The eagle showed no disposition to release its hold, although the woman hit it a number of blows with a hoe. The blows only seemed to madden it, and it buried its beak repeatedly in her face and neck. She finaally struck the bird on the neck and partially stunned it, and she seized the advantage she had secured and continued to belabor it with her hoe. She had become, however, too weak from fright, exertion and loss of blood, to kill the eagle, and the bird flew away, uttering wild cries as it sailed upward out of sight. Mrs. Martenson fell in a dead faint and remained there until picked up by members of her family. It was some time before she recovered sufficiently to give an account of her desperate struggle, and she soon became unconscious and remained so until death. A physician was summoned at once, but owing to extreme age and debilitated condition, nothing could be done for her.

II. Dr. Frazier's Reply.

Honey Creek, Iowa, July 11, 1897.

Dr. J. W. Kime, Des Moines, Iowa.

Dear Doctor,—In regard to the report that a Mrs. Mordison of this place was attacked and fatally injured by an eagle, would say that the story is a myth. She is living now, was not attacked by an eagle, saw no eagle and does not know how the story originated. I enclose clipping which will probably explain the reason for putting the report in circulation.

Yours truly, J. W. Frazier.

III.

The newspapers have been presenting many and conflicting accounts of a woman being attacked by an eagle a short distance from Council Bluffs. The substance of the story was that an old woman was savagely attacked by a large eagle while out in the field and the injuries were so severe that after a few days of terrible suffering she died. The *Nonpareil* is now informed by reliable authorities that some errors have crept into the press reports of the affair.

The woman is not dead.

Her injuries were not severe.

In fact, she wasn't hurt at all.

She was not out in the field when attacked.

In fact, she was not attacked at all.

The eagle was not large enough to hurt any one.

In fact, there was no eagle in the neighborhood.

With the exception of these few details the story stands as correct in the main feature that some sort of an eagle is to be stuffed and exhibited as a side-show attraction as having been the one which killed a woman near Council Bluffs It is understood that an attempt will be made to stuff the public, also.

And yet the newspaper is the molder of public opinion.

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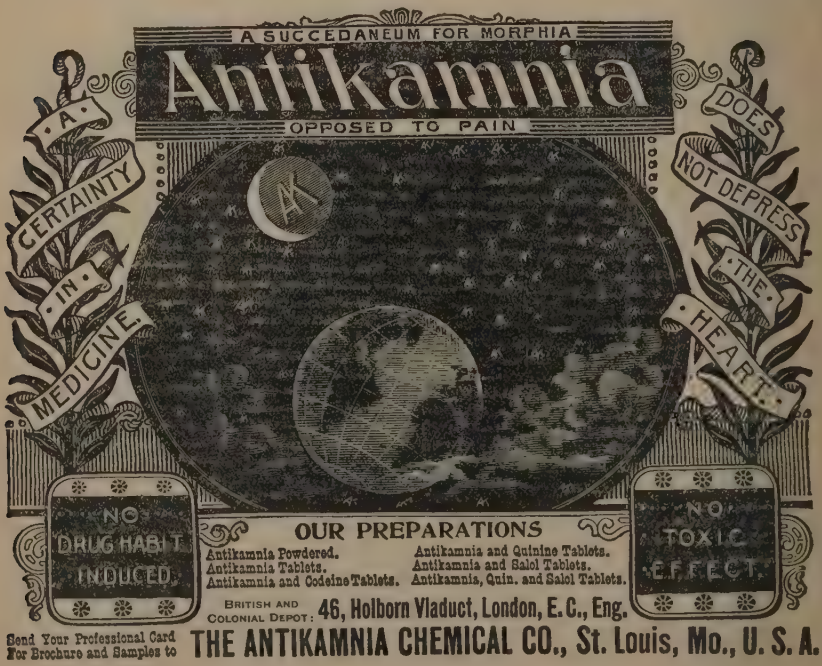
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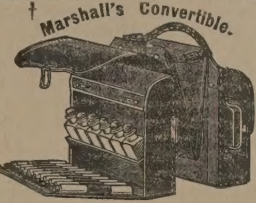

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"An Infant Food Approaches Perfection in the Degree in Which it Resembles Human Milk."

PEPTOGENIC MILK POWDER renders cows' milk almost identical with human milk in chemical composition and digestibility. The "Perfection" of an infant food — no starch, no cane sugar, no dextrins, no maltose.

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